2005-2006
ANNUAL REPORT

On any given day,

at any given time...

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

...care is delivered,

discoveries are made,

ideas are exchanged,

comfort is offered,

and lives are saved.

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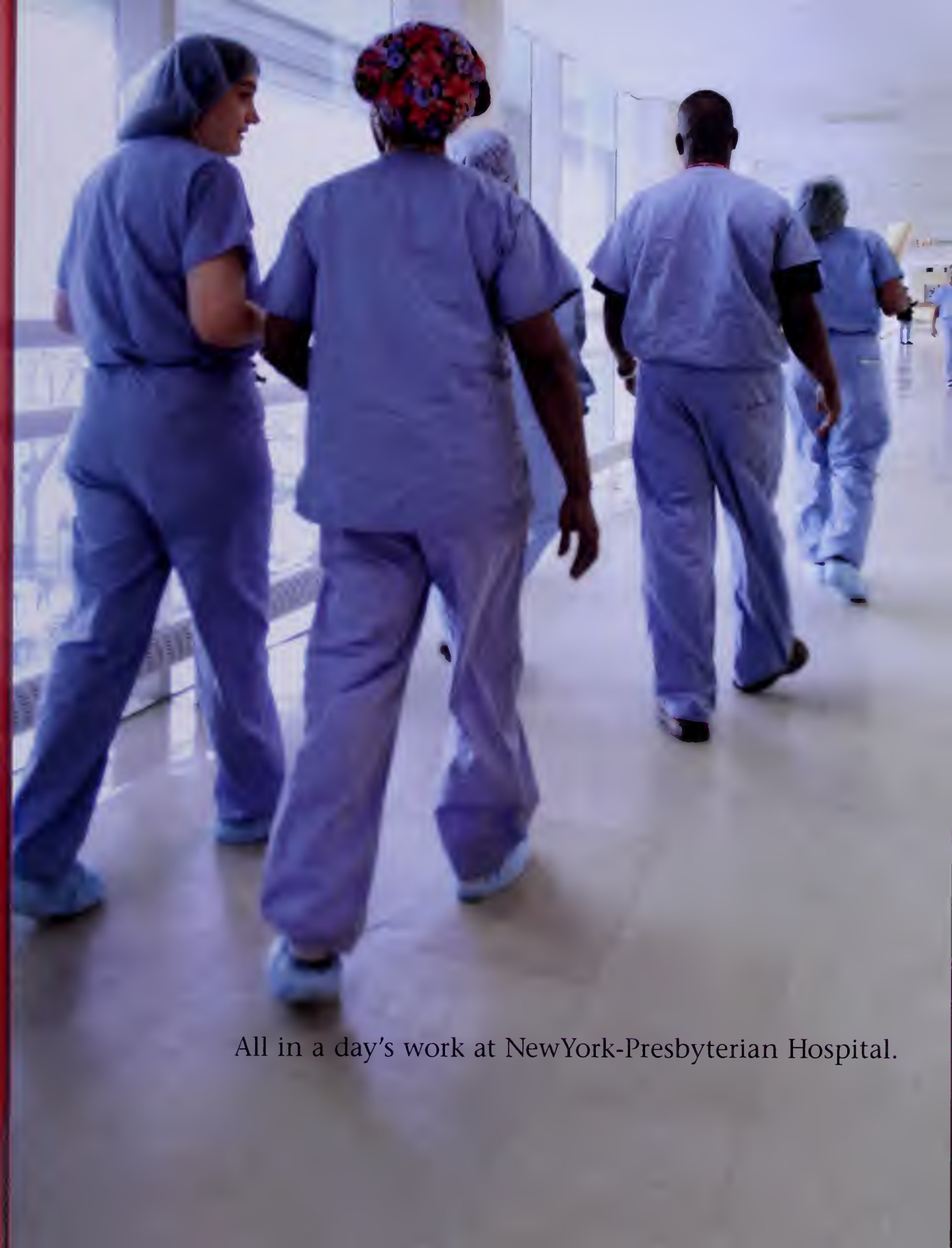
On the cover: In the Neonatal Intensive Care Unit at New York-Presbyterian Weill Cornell, a newborn responds to the warm and comforting touch of nurse Mayra Perez Sotto, R.N.



All in a day's work at NewYork-Presbyterian Hospital.

On any given day and at any given time throughout NewYork-Presbyterian Hospital, you will find stories that touch your heart and health care that can defy the odds. From diagnosing obscure diseases and performing life-saving surgeries to finding new ways to treat cancer and responding to crises near and far…our staff are highly focused on their desire to heal and to help. Yet amidst the sometimes frenzied pace of our large academic medical center, they also take the time to hold the hand of a frightened patient or offer comfort to an anxious family member. On the pages that follow is a glimpse of 24 hours at NewYork-Presbyterian—an ordinary day with extraordinary people.

John J. Mack
Chairman,
Board of Trustees

Herbert Pardes, M.D.
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Chief Executive Officer

The Information Desk of NewYork-Presbyterian Hospital/Weill Cornell Medical Center serves as the backdrop for Hospital leadership: from left, Vice Chairmen Jerry I. Speyer and Frank A. Bennack Jr., Chairman John J. Mack, President and CEO Dr. Herbert Pardes, Vice Chair Charlotte M. Ford, and Vice Chairman Peter A. Georgescu.

6:45 am

Making Headlines

It's 6:45 am and Kirsten Mazur has just had an MRI scan in preparation for surgery to remove a colloid cyst situated in the deepest, most central part of her brain. She has come to NewYork-Presbyterian Hospital from a suburb of Atlanta seeking the expertise of Mark M. Souweidane, M.D., in endoscopic neurosurgery. Mrs. Mazur's MRI scan is loaded onto a workstation adjacent to the O.R. Dr. Souweidane and his team will use endoscopic and navigational technologies to remove her benign tumor.

(Photos left and above) Dr. Mark Souweidane and Dr. Yu-Hung Kuo, chief resident, neurosurgery, delicately perform a neuroendoscopy procedure using stereotactic navigational guidance to remove a deep-seated cyst in the brain of Kirsten Mazur.

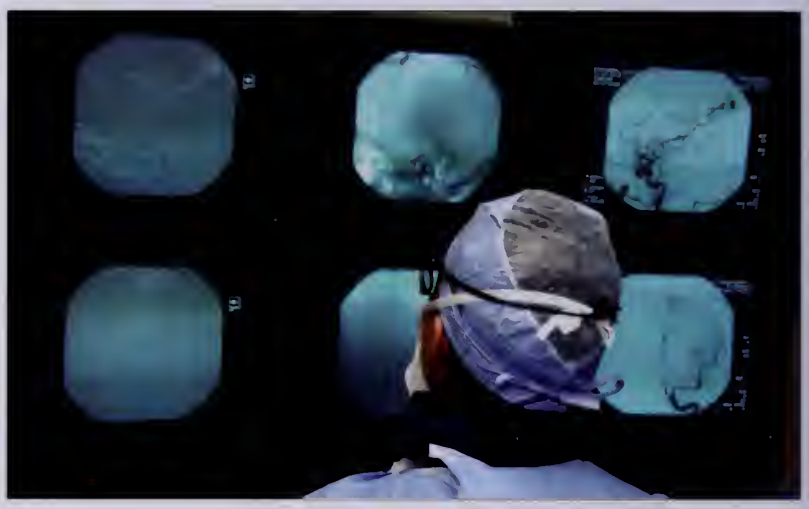
(Photo right) Close at hand is a highly skilled team of neuroanesthesiologists, neuro nurses, and O.R. technicians.

"The beauty of the minimally invasive approach is that, based on a preoperative MRI scan, we can isolate our optimal entry site, and then, with stereotactic imaging used in conjunction with the endoscope, we can plan the ideal trajectory to reach the tumor," says Dr. Souweidane. "And, we know exactly where the tip of our instrument is at all times within one to two millimeters. This minimizes disruption to surrounding tissue and improves Kirsten's chances for a full recovery."

With traditional open neurosurgical procedures, there is a potential risk for memory dysfunction. With the endoscopic approach, memory deficits are rare and usually temporary. But with the use of combination technologies, Dr. Souweidane and his team of neuroanesthesiologists and neuro nurses have performed some 30 colloid cyst surgeries and, he says, "We have yet to have any problems with memory deficits, stroke, or incapacitating neurological deficits. Our results have been absolutely fantastic with zero recurrences of the cyst."

"Before I found Dr. Souweidane, I felt kind of alone and lost trying to figure out what to do and where to get the best care possible for this problem," says Mrs. Mazur, who searched the Internet for guidance. "Dr. Souweidane's name came up repeatedly in every search. I e-mailed him, and the very next day he called me and said he'd be happy to help. I was thrilled."

"At our Hospital," says Dr. Souweidane, who is the Site Director for Minimally Invasive Endoscopic Neurosurgery at NewYork-Presbyterian/Weill Cornell, "we're blessed with an administration that is committed to bringing together staff with the skills required to perform these procedures and investing in the advanced technologies and equipment that allows us to stay at the forefront of neurosurgery."



The Evolution of Endovascular Surgical Neuroradiology

What's in a name? In the case of endovascular surgical neuroradiology—a number of highly specialized disciplines have contributed to the rapid growth of this new field. The recently designated discipline brings together expertise in interventional neuroradiology, surgical neuroradiology, and endovascular neurosurgery to treat patients who are not candidates for conventional surgical options or who have had previously unsuccessful surgery.

These procedures, alone or in combination, are used to treat abnormalities in the brain, including arteriovenous malformations (AVMs), aneurysms, ischemic stroke, carotid stenosis, and tumors.

An unusual sensation in his ear brought Douglas Eisenberg, a 35-year-old attorney, to see Robert A. Solomon, M.D., Chief of Neurosurgery at NewYork-Presbyterian/Columbia, and Philip M. Meyers, M.D., Co-Director of Neuroendovascular Services at NewYork-Presbyterian/Columbia. Diagnosed with an AVM, an abnormal cluster of tangled blood vessels in the brain, Mr. Eisenberg would need a two-stage treatment protocol—embolization followed by surgery—to safely remove the malformation.

"Once an AVM is confirmed, we perform an angiogram or arteriogram to identify

(Photo above) A bank of imaging monitors is scrutinized by Dr. Philip Meyers as he identifies the precise location of the arteriovenous malformation (AVM) that brought Douglas Eisenberg in for treatment.

(Photo above right, from left) Kenneth Rigby, an interventional radiology assistant, Dr. Todd Hankinson, and Dr. Meyers are absorbed in the meticulous preparation required for performing an embolization to close off the vessels of Mr. Eisenberg's AVM.

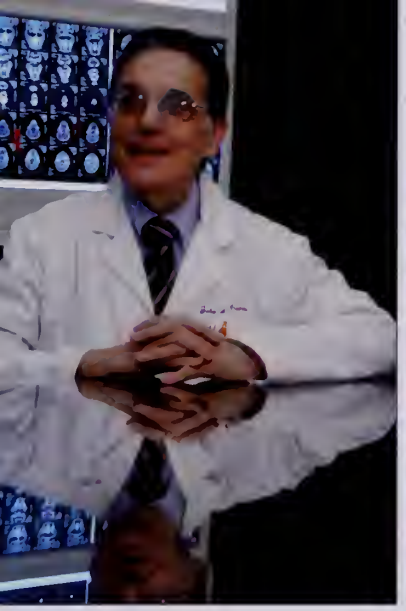
the vessels involved in the malformation," says Sean D. Lavine, M.D., Co-Director of Neuroendovascular Services at NewYork-Presbyterian/Columbia. "Angiography is the only test currently available that provides us with enough detailed information to plan and implement therapy."

Stereotactic radiosurgery is a non-invasive procedure using focal radiation therapy to treat AVMs located in areas of the brain that are not easily accessible by conventional means. According to Dr. Lavine, some AVMs require a combination of treatments.

Embolization is a technique performed from within the blood vessels to restrict the vessels of the AVM. Under image guidance, the endovascular procedure involves injecting material through a small catheter that is threaded from the groin directly into the AVM vessels to close them off. This then enables neurosurgeons to more safely resect the now isolated lesions. "Endovascular surgical neuroradiology has benefited enormously by developments in computer technology that have helped improve image guidance and the manufacturing of microcatheters and other miniature tools to navigate the brain's arteries," says Dr. Meyers.

"Mr. Eisenberg's AVM was particularly challenging," he says. "However, we were able to block it off in preparation for surgery." A few days later, Mr. Eisenberg returned for surgery by Dr. Solomon to remove the AVM. Within three days, he was back at work.

"What's really key is that neither procedure is complete without the other," notes Dr. Meyers. "Here at NewYork-Presbyterian/Columbia, we have a unified team approach bringing the best of both open surgery and endovascular surgery to bear on patient care."



Designated Excellence in Stroke Care

Some 700,000 Americans a year will suffer a stroke—one every 45 seconds. While these numbers are dramatic, so are the advances in medicine today that are transforming treatments for stroke. Much of this progress is taking place at NewYork-Presbyterian Hospital, which has just received Stroke Center designation from the New York State Department of Health at its two academic medical centers.

"The Stroke Center facilitates collaboration among a large number of departments—from emergency services to neurology and neurosurgery, to laboratory and radiology, to pharmacy and rehabilitation," says neurologist John J. Caronna, M.D., who, along with Alan Z. Segal, M.D., developed one of the City's earliest stroke programs at NewYork-Presbyterian/Weill Cornell.

According to Matthew E. Fink, M.D., Director, Stroke and Critical Care Division, the success of stoke centers is contingent on an immediate and coordinated response from a multidisciplinary team. "Stroke Centers today employ rapid response teams that implement the most advanced therapies available to treat acute stroke," says Dr. Fink. "That may involve administration of medication that can break up blood clots, the use of endovascular devices inserted into the blood vessels of the brain to reopen blockages, as well as other treatments, such as induced hypothermia, delivered in the intensive care unit to protect the brain and prevent secondary damage."

One of the largest stroke centers in the nation, NewYork-Presbyterian is among the few New York City hospitals to offer clot extraction—a procedure that uses a device called the MERCI extractor invented by Pierre Gobin, M.D., Director, Division of Interventional Neuroradiology, to remove clots from within blood vessels. This procedure expands the critical treatment window from three to eight hours.

(Photo left) Dr. John Caronna co-developed one of the earliest stroke programs in the City to offer all levels of care—from prevention to rehabilitation.

(Photo center) During an early morning medical conference at NewYork-Presbyterian/Weill Cornell, some of the nation's leading neuroscientists and neurologists gather to discuss challenging stroke cases. These include Dr. M. Flint Beal (second from left), seated next to Dr. Caronna, Dr. Alan Segal, Director of the Stroke Center, and Dr. Frank Petito, who discuss treatment plans for in-hospital patients with radiologists, medical residents, and fellows.

(Photo right) Following the conference, Dr. Caronna joins medical residents and fellows in the radiology viewing room to explain the range of neuroimaging techniques used in stroke.

12:15 pm

The Right Start

All eyes are fixed on the ultrasound monitor as the three-dimensional image of Deyanira Martin's baby comes into view. Surrounded by members of the Center for Prenatal Pediatrics at Morgan Stanley Children's Hospital, Ms. Martin—who is 41 years old and almost five months pregnant—is anxious to find out if her son has a chromosome problem as indicated on an earlier ultrasound. He does not.

Mary E. D'Alton, M.D., Chief of Obstetrics and Gynecology at NewYork-Presbyterian/Columbia, established the Center for Prenatal Pediatrics in 2004 to diagnose and treat women with high-risk pregnancies. The Center specializes in a variety of complex conditions, including multiple births, congenital heart disease, fetal chest anomalies, and genetic syndromes.

"A unique strength of our program is the seamless collaboration across both departments of obstetrics and pediatrics," says Dr. D'Alton. "No one physician alone can fully evaluate the fetus—we believe that pediatricians and pediatric surgeons can significantly contribute to the care of the fetus, their future patient."

"Labor and delivery is on the top floor of Morgan Stanley Children's Hospital with all the high-tech and state-of-the-art facilities for babies close at hand," says Lynn L. Simpson, M.D., the Center's Medical Director. "There's a transitional nursery on the unit, and all the resources of our children's hospital are right below us. We have very strong, high-risk obstetric care in close proximity to superb neonatal intensive care. And, if the newborn needs surgery, the pediatric surgical services are all in one location.

"Parents really appreciate the continuity of care provided," adds Dr. Simpson. "Many of the patients will meet with our maternal-fetal medicine specialist, get their ultrasound, and have a fetal echocardiogram all on the same day. They might also see a pediatric surgeon and then complete their day with our clinical care coordinator, who will present our recommendations and arrange for next steps. We take care of all the details, from making appointments to handling insurance issues. We put a plan in place for the rest of their pregnancy, taking a huge burden off their shoulders."

Charles S. Kleinman, M.D., Director, Pediatric Cardiac Imaging, agrees. "Because

In the Center for Prenatal Pediatrics, ultrasound technician Carlota Bastos "takes the photo" that has Deyanira Martin marveling at the clarity of the image of her developing child along with her physicians—Dr. Mary D'Alton (left) and Dr. Lynn Simpson.

our cardiology services are integrated with maternal-fetal medicine and neonatology, we offer not only superb diagnostic services, but also a management program that includes the range of medical or surgical subspecialists who are essential to care," says Dr. Kleinman.

Today, almost every major form of congenital heart disease can be diagnosed as early as 10 to 12 weeks gestation. "Fetal cardiology and fetal echocardiography—which is the use of ultrasound to identify abnormal heart structure and function in utero—are important so that we can counsel families in advance, discuss treatment options, and obtain consent to facilitate medical and surgical care at the earliest stage possible," he notes.

"Giving some clarity to parents who are so uncertain is extremely valuable," adds Dr. D'Alton. "We tell them what we know and what we don't know, and help them to arrive at the right decision for them and for their baby."

(Photo above) Elizabeth Marquez, R.N., knows that sometimes just holding an infant close is the best medicine.

(Photo left) Amidst the advanced technology of the NICU, the care of premature infants is in good hands—those of Desiree Amy, R.N., and Dr. Jeffrey Perlman.

Tiny Babies, Great Expectations

Some 5,000 babies are delivered each year at NewYork-Presbyterian/Weill Cornell. Most will be cared for in the family-centered well baby newborn nursery. Those with minor medical problems will recover in a seven-bed Continuing Care Nursery. The smallest and sickest infants, however, will be given the best chance at life in the Neonatal Intensive Care Unit (NICU).

With the music of Mozart or Miles Davis playing softly in the background, the staff of the NICU attend to their tiny patients—some of whom weigh two pounds or less. "Intensive care areas tend to be very noisy, which can add to the stress on sick infants, as well as their parents," notes Jeffrey M. Perlman, M.B., Ch.B., Chief of Newborn Medicine, Komansky Center for Children's Health. "Stress can have significant effects on brain growth. We play soft music intermittently to reduce that stress. What is interesting is that when the babies go home, the parents tell me they turn on music and the babies calm to it."

Adding low-level music to the 50-bed NICU is only one of many innovations Dr. Perlman is implementing to improve the well-being of very sick babies. "Premature infants are prone to a number of problems primarily because their organs aren't completely developed and able to function well on their own," says Dr. Perlman. "This puts them at risk for problems, including respiratory distress and neurological deficits.

"What happens in the first hour starting in the delivery room can influence the child's development for the rest of his or her life," he continues, "and so we are developing a simulation model for

resuscitation within the delivery room to teach delivery room staff how to appropriately respond to a distressed baby."

According to Dr. Perlman, neurological problems present an ongoing challenge for premature infants. An international authority on newborn neurological disorders, Dr. Perlman addresses this issue from both a clinical and research perspective. Currently, he is implementing a newborn neurology service to bring together neonatologists with pediatric neurologists, neuroradiologists, and neurosurgeons to manage challenging cases. In addition, NICU graduates who are at risk for neurodevelopmental problems will be followed into adolescence and beyond in an evolving comprehensive evaluation and treatment program. At the same time, Dr. Perlman is pursuing research into causes of brain damage in newborns, including abnormally low blood sugar as a possible marker, as well as developing neuroprotective strategies to reduce early brain injury.

A Dose of Puppy Love

In the Hospital's pediatric units, four-legged ambassadors of good cheer walk the halls dispensing affection and making new friends. The pet therapy program, managed by the Child Life Departments, helps to alleviate the fears and anxieties of hospitalized children. The volunteers and their dogs are accompanied by child life specialists as they make their rounds of bedside visits to children who have been medically cleared and whose parents have given permission.

"This program has had a tremendous positive impact on patients, families, and staff," says Joan Bompane, Director of Child Life at Morgan Stanley Children's Hospital. "The therapy dogs connect patients, especially those who are suffering from chronic illness, to the outside world. The dogs bring unconditional love, which greatly contributes to the emotional and physical healing process."

(Photo left) Ping Pong, a lovable Sharpei, proudly wears his pet therapy vest.

(Photo center) Accompanied by Barbara Babikian, a Hospital volunteer, Spec, a gentle Sheltie, visits with Juan Hernandez. Pet therapy at Morgan Stanley Children's Hospital is made possible by the Westminster Kennel Club's Angel on a Leash program.

(Photo right) Areli Barroso (right) and her sister, Selines, meet Ping Pong as he makes his rounds at NewYork-Presbyterian/Weill Cornell.

4:00 pm

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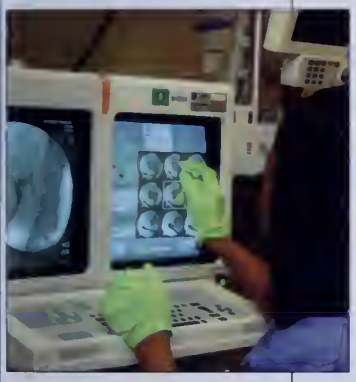
Internal Affairs

(Phato left) Throughout an endascopic ultrasaund procedure, Dr. Peter Stevens facuses on the detailed images displayed an the monitors, while retrieving tissue samples for immediate biopsy.

It is late afternoon in the endoscopy suite of NewYork-Prebyterian/Columbia, and Peter D. Stevens, M.D., prepares to perform an endoscopic ultrasound procedure to determine if a patient's gallbladder cancer has returned.



(Photo abave) Interventianal endascapy technician Paule Lherisson assists as real-time images are used ta track an endascapically directed, ultrasaund-guided fine needle aspiratian pracedure.

(Phata right) Manica Crane, R.N., nurse anesthetist, Fern Grilla, R.N., interventianal nurse, Dr. Stevens, Dr. Vasudha Dhar, interventianal fellaw, and Dr. Stavras Stavrapaulos

"This patient developed an obstruction following a surgical procedure," explains Dr. Stevens. "Endoscopic ultrasound will help us find out if this is a postoperative stricture or a recurrence of her cancer. Under real-time image guidance, I'll place a tiny needle into the mass surrounding the bile duct and sample it. A pathologist will be on hand to analyze the results as we go."

As Director of the Gastrointestinal Endoscopy Department and Clinical Director of Digestive and Liver Diseases, Dr. Stevens performs hundreds of endoscopic procedures a year for both diagnostic and therapeutic purposes. He and his colleagues have been involved in refining the techniques that are widely used today, and new applications of endoscopy have led to a sea change in the treatment of digestive disorders.

For example, endoscopic retrograde cholangiopancreatography, or ERCP, enables physicians to identify elusive causes of abdominal pain, as well as diagnose problems in the liver, gallbladder, bile ducts, and pancreas—often with the help of dye injected into the biliary ducts. "If we find an obstruction, such as a gallstone, or narrowing of the ducts, we can insert instruments into the scope to remove or relieve the obstruction or place a stent to open the passageway," notes Dr. Stevens.

NewYork-Presbyterian physicians are also evaluating endoscopic mucosal resection (EMR)—a new procedure to treat early stage esophageal cancer. They perform EMR using a specially designed cap fitted onto the tip of a standard endoscope that captures the tissue for resection. Although still under study, EMR is proving particularly promising in elderly patients and others who are not candidates for surgery.

Preserving Quality of Life in Crohn's Disease

In her early twenties, Kathy Munro was diagnosed with Crohn's disease, and for the next two decades she suffered periodic flare-ups. A chronic disorder characterized by inflammation of the gastrointestinal tract, Crohn's disease can cause severe abdominal pain. This makes it very difficult to eat and leads to excessive weight loss and nutritional deficiencies.

In 1989, to help alleviate her symptoms, Ms. Munro underwent surgery to remove 12 inches of her small intestine and six inches of her colon. For the next 10 years, her condition remained relatively stable, but in 2001, she became ill again and had a second surgery to remove additional diseased bowel. On medication, Ms. Munro managed well for a few years, but September 2005 saw her back in her local hospital possibly facing a third major surgery. Her physician there, however, had learned of a procedure pioneered by Fabrizio Michelassi, M.D., Surgeon-in-Chief, NewYork-Presbyterian/Weill Cornell, that might spare the removal of more of her intestine and still treat the complications of Crohn's disease.

"Kathy had already undergone intestinal resections that had shortened her bowel considerably," explains Dr. Michelassi. "Now her complication was an obstruction to the point where it was difficult for food to pass through her digestive tract. She could not tolerate a regular diet and was losing a lot of weight. She needed a procedure that could alleviate her symptoms without sacrificing any more of her intestine."

In 1992, Dr. Michelassi pioneered an innovative bowel-sparing procedure called side-to-side isoperistaltic strictureplasty (SSIS) that transformed surgical treatment for Crohn's disease. Since then, the technique has been adopted by surgeons around the world, and more than a decade after its debut, Dr. Michelassi has reviewed the results with encouraging news. Studies conducted on more than 180 patients who have undergone SSIS have shown it to be a safe and effective alternative to bowel resection. Dr. Michelassi is now involved in clinical trials of medications to improve postoperative recovery by accelerating the return of bowel motility.

"The unpredictable nature of Crohn's

(Photo right) Dr. Fabrizio Michelassi discusses the results of surgery with Kathy Munro, who came to him for a bowel-sparing procedure he pioneered to treat Crohn's disease.

Fabrizio Michelassi, M.D.
Surgeon-in-Chief
New York-Presbyterian Hospital

disease makes preservation of the bowel critical for patients like Kathy, who are terrified of losing more of their intestine," says Dr. Michelassi. "The procedure is an important alternative to traditional methods that rely on removing part of the intestine. It's a bowel-sparing procedure which addresses obstructions caused by Crohn's disease."

While a cure is still being sought for Crohn's disease, "medicine and surgery together assume a very important role in patient care," says Dr. Michelassi. "The multidisciplinary integration of surgeons with gastroenterologists, pathologists, and radiologists offers patients the greatest opportunity for improving their quality of life in the face of this complex chronic disease."

IBD: The Marriage of Science and Medicine

Crohn's disease falls under the umbrella of a larger group of digestive disorders known as inflammatory bowel disease (IBD)—a subject of great professional interest to Ellen J. Scherl, M.D., Director of the Jill Roberts Inflammatory Bowel Disease Center at NewYork-Presbyterian/ Weill Cornell. Dr. Scherl is committed to advancing the medical care of patients with Crohn's disease, ulcerative colitis, and other inflammatory-based digestive disorders through the pursuit of research to uncover the basic cause of these painful conditions.

In fact, the IBD Center is home to an integrated clinical and research program. "Our Center is predicated on outstanding working relationships between our clinicians and researchers," says Dr. Scherl. Through these relationships, Dr. Scherl and her colleagues have reached out to enlist the expertise of several research laboratories. One lab has facilitated the establishment of an IBD tissue bank of more than 600 endoscopic and surgical specimens that will be pivotal to studying the molecular mechanisms of these disorders. Other collaborations involve studying bacterial and gene interactions in inflammatory disease and, more recently, stem cell research.

What has Dr. Scherl particularly excited nowadays is the Center's impending move to new facilities located between the Jay Monahan Center for Gastrointestinal Health and a new surgical center for digestive diseases. "This will foster synergistic interactions that enable us to take what we're doing clinically into the lab, and then take the laboratory findings and translate them to the lives of patients," says Dr. Scherl.

Dr. Ellen Scherl, a leading authority on inflammatory bowel disease, divides her time between clinical care and collaborating with basic research in the laboratory.

6:30 pm

Out Front in Oncology

(Photo left) Dr. Howard Kaufman (right) is joined on his way to a meeting by Brian Elliott, a third-year medical student, and Dorota Moroziewicz, laboratory manager.

(Inset photo) Dr. Kaufman in his lab.

(Photos below, left to right) Dr. Qin Wang, clinical pathology, is at the bench in Dr. Kaufman's tumor immunotherapy lab.

Stan Adler prepares for a follow-up PET scan to evaluate the progress of his IL-2 therapy.

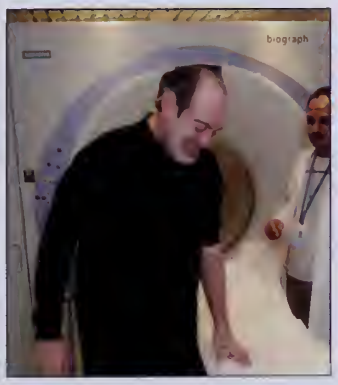
In the Kreitchman PET Center, radiology technologist Srinivasa Talapaneni performs Mr. Adler's scan.

After a busy day of seeing patients, setting up therapy protocols, consulting with referring physicians, and attending a medical conference, Howard L. Kaufman, M.D., stops by his laboratory where some of the most significant research in melanoma is taking place.

As Director of the Tumor Immunotherapy Program at NewYork-Presbyterian/Columbia, Dr. Kaufman leads a team of physicians, nurses, and research scientists who are pursuing groundbreaking immunotherapies and tumor vaccines for the treatment of many types of cancer. Among these therapies is interleukin-2 (IL-2). A small protein naturally produced by the cells of the immune system, IL-2 stimulates the growth of tumor-killing cells. High-dose IL-2 is an approved therapy for advanced melanoma and kidney cancer, and Dr. Kaufman's IL-2 Unit is among the top 10 centers in the country offering this treatment to patients.

Advanced melanoma is one of the deadliest forms of cancer and one of the most challenging to treat. "Melanoma requires expert care at a specialized center," says Dr. Kaufman, a surgical oncologist whose program often recommends a combination approach for some difficult cases—either surgery plus IL-2 or gamma knife radiation with IL-2. "We're pushing the envelope a little bit and changing the treatment paradigm for patients who previously were not offered any hope."

Stan Adler was diagnosed with metastatic melanoma in 2005. His CAT scan report indicated "tumors too numerous to count," primarily in his liver, lungs, and lymph nodes. "That was, of course, a fairly dramatic moment for myself and my family," says Mr. Adler, who is 53, married and the father of three.



Mr. Adler immediately researched the disease, and, as he says, "the statistics were pretty awful." The average life expectancy is six months for a Stage 4 diagnosis of metastatic melanoma. "As it

turned out, Stage 4 got me to Dr. Kaufman for treatment with IL-2," he says.

IL-2 stimulates the body's ability to kill the cancer cells, as opposed to chemotherapy, which tries to kill the cancer cells directly. "Treatment with IL-2 is not easy to take," notes Dr. Kaufman. "Patients need to be in otherwise good medical condition in order to handle the toxicities. The therapy results in a complete response in about 10 percent of patients, meaning that the entire tumor will disappear, and it appears to stay away in about 85 percent of those patients who respond to treatment."

After a year on IL-2, Mr. Adler's PET scan report was startling, showing that 14 out of 15 of his remaining tumors were no longer active, and the remaining tumor had little activity. "These results put me in a very small percentage of people," he says. "I wouldn't have made the bet, but I'm happy to take the results."

"Obviously, we would like to take that 10 percent of responders and make it 50 percent or 100 percent," says Dr. Kaufman. "Our research is trying to understand why some patients respond and others don't. The real future is going to be combining IL-2 with other types of immunologic agents, such as vaccines, which we are currently exploring."

Surgeons and Robotic Technology: A Powerful Team

At NewYork-Presbyterian, surgeons are teaming up with robotic technology to profoundly change the treatment options for patients with prostate cancer and other urological conditions.

More than 230,000 men in the U.S. will be diagnosed with prostate cancer this year. When cancer is confined to the prostate, patients can now be treated by a minimally invasive procedure called robotic laparoscopic prostatectomy—a technique pioneered by Ashutosh K. Tewari, M.D., and David B. Samadi, M.D., Directors of Robotic Surgery in the Departments of Urology. Drs. Tewari and Samadi, along with Mitchell C. Benson, M.D., Chief of Urology at NewYork-Presbyterian/Columbia, and Douglas S. Scherr, M.D., Clinical Director, Urologic Oncology at NewYork-Presbyterian/Weill Cornell, are among the few urologic surgeons in the U.S. trained in both oncology and laparoscopy, and were among the first to perform robotic laparoscopic radical prostatectomy in the country.

Surgical robotics has ushered in a new era of minimally invasive surgery that is reducing the need to perform conventional open surgery. With this procedure, the surgeon maneuvers the robotic instruments via a computer interface. The surgeon's

At NewYork-Presbyterian/Weill Cornell, Dr. Ashutosh Tewari and Dr. Peter Schlegel at the robotic surgery console, where the surgeon can view a 3-D image of the operation and maneuver surgical instruments.

At NewYork-Presbyterian/Columbia, Dr. David Samadi (left) and Dr. Mitchell Benson incorporate robotic technology in the treatment of prostate cancer. Dr. Samadi is uniquely trained in open, laparoscopic and robotic surgery.

hand, wrist, and finger movements are translated to the delicate surgical instruments to perform a more precise procedure through a few small "keyhole" incisions. The control and visual acuity afforded by the robotic technology enable the surgeon to protect the tissue surrounding prostate and the nerves that control bladder and sexual function.

"Robotic devices give us an extraordinary three-dimensional view of the operative field," says Dr. Tewari. "The cameras provide 10 to 15 times magnification that allows us to perform complex surgical tasks with dexterity and precision." Adds Dr. Samadi, "To be a good robotic surgeon you have to have a foundation in both open and laparoscopic surgery—that is where the strength of our program lies."

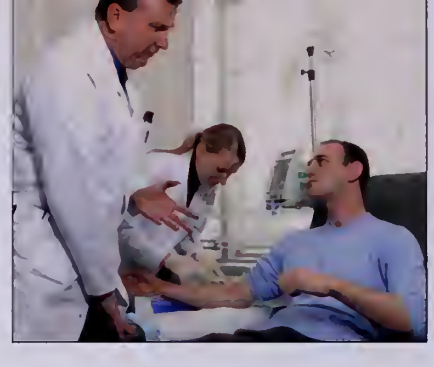
"Patient satisfaction is tremendous," says Peter N. Schlegel, M.D., Chief of Urology at NewYork-Presbyterian/Weill Cornell. "Hospitalization has been significantly reduced, and most patients can return to their normal lifestyle in less than two weeks."

Both Drs. Samadi and Tewari point out, however, that the success of a robotic program lies not only in the new technology, but also in the training, skills, and experience of the surgeons who perform open surgery as well as laparoscopic procedures.

"While robotic prostatectomy holds much promise, further clinical research is necessary," says Dr. Tewari. Both Departments of Urology have a strong research component and are actively involved with the evaluation of new procedures in clinical trials and studying outcomes of patients treated for prostate cancer. Included among these is an approach using PSA (prostate-specific antigen) levels with ultrasound-guided biopsy techniques to better determine a patient's risk for prostate cancer progression.

In addition, the Hospital's urologists are applying and evaluating robotic technology in pediatric pyeloplasty, a procedure to remove a blockage in the ureter; partial nephrectomy, the surgical removal of the kidney; and cystectomies, the surgical removal of the bladder.

"Patients who come to an academic medical center such as NewYork-Presbyterian benefit from the expertise of our surgeons and an entire team that includes medical and radiation oncologists," says Dr. Benson. "They can expect the most up-to-date treatment options for safely and effectively addressing their condition."



(Photo left) Dr. John Leonard reviews a lymphoma treatment protocol with a patient.

(Photo right) Cynthia Delaney, R.N., and Patricia Glynn, R.N., are key members of the health-care team in the Center for Lymphoma and Myeloma.

On Target Cancer Therapies

John P. Leonard, M.D., is leading the battle to eradicate lymphoma through targeted therapy. His weapons of choice—monoclonal antibodies and small molecules.

"Monoclonal antibodies are immune proteins that bind to specific targets on tumor cells and, therefore, can be more specifically directed toward the tumor cell and less to normal cells," explains Dr. Leonard, Clinical Director for the Center for Lymphoma and Myeloma at NewYork-Presbyterian/Weill Cornell. "The antibodies may influence the switches in the tumor cells that regulate growth, activate an immune response against the tumor, or—by adding a radioactive particle to the antibody—deliver radioactive energy toward the tumor cells."

Small molecules target specific pathways in the cell that are important to cell growth and survival. "Whether they are delivered via pills or intravenously, they target an area in a specific protein or a molecule in the cell and can cause the cell to do what we want it to do, which, in the case of a tumor cell, is to die," says Dr. Leonard.

Traditionally, combinations of chemotherapies have been used to treat many cancers. Now, physicians are moving toward multiple combination regimens of targeted therapies. Dr. Leonard and his colleagues were the first to treat lymphoma with a combination of monoclonal antibodies that targeted two different molecules on the surface of lymphoma cells.

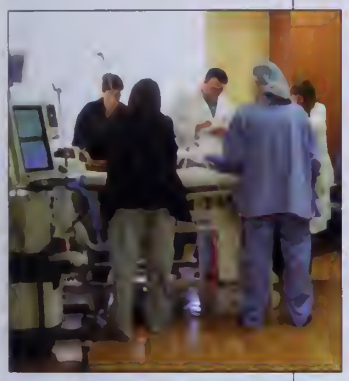
"The concept is similar to chemotherapy," says Dr. Leonard, "but instead of giving a combination of multiple agents that are non-targeted, now we give a combination of multiple agents that go more selectively after the tumor cells, or we use targeted drugs with standard therapies, such as radiation or chemotherapy. Our goal, however, is to replace radiation and chemotherapy with combinations of targeted drugs because they can go after the tumor cells more effectively and with theoretically fewer side effects."

NewYork-Presbyterian/Weill Cornell has one of the largest clinical research programs in lymphoma in the country—with some 100 patients a year in phase 1, 2, and 3 clinical trials sponsored by the National Institutes of Health and the National Cancer Institute, as well as through collaborations with pharmaceutical companies.

10:45 pm

State of the Heart

On the ninth floor of Morgan Stanley Children's Hospital, Carla Harry tucks her 8-year-old daughter, Natima, into bed for the night. Natima—diagnosed with a congenital heart condition—has been in and out of hospitals since the age of nine months with her mother and father, Will, constantly at her side. Four heart surgeries have prolonged her life, but now heart transplant is the only option. Later that evening, Ms. Harry learns a donor heart has become available. Friends and family begin to gather in Natima's room as her transplant team, headed by Jan Quaegebeur, M.D., Director of Pediatric Cardiac Surgery for NewYork-Presbyterian Hospital, reports to the operating room.



(Photos, left to right) Carla Harry comforts her daughter, Natima, as she recovers from a heart transplant. Dr. Jan Quaegebeur (right), assisted by Dr. Yasutaka Hirata, performs the overnight surgery, which is followed by around-the-clock monitoring and postoperative management in the pediatric intensive care unit. Back in her room on the ninth floor, Natima has the rapt attention of her nurses, including Kelly Buckley, R.N., and enjoys a special visit by the rapper Shaggy.

In 2005, the heart transplant program of NewYork-Presbyterian/Columbia performed 118 pediatric and adult heart transplants, a one-year record for any U.S. medical center in the history of heart transplantation. Since 1977, the Hospital's cardiac surgeons have performed more than 1,700 transplants, making it the largest heart transplant program in the country. "Every heart transplant is a gift of life," says Yoshifumi Naka, M.D., PhD., Director of Cardiac Transplantation and Mechanical Circulatory Support Programs at NewYork-Presbyterian/Columbia. "This is due to the dedication and skill of our heart transplant team, our use of assist devices in managing heart failure, and our application of novel immunosuppression protocols."

"We've always tended to push the envelope a little bit—both for adults and children," says Jonathan M. Chen, M.D., Director, Pediatric Cardiac Surgery, NewYork-Presbyterian/Weill Cornell. "Our team is able to transplant higher-risk patients. Some of these kids have been turned down at three or four centers before coming to us. With the most critical cases, we use a left ventricular assist device [LVAD], a mechanical pump that takes over the

function of the damaged ventricle of the heart and restores normal blood flow until we can transplant." NewYork-Presbyterian/Columbia cardiac surgeons pioneered the LVAD in adults, which has now expanded to include an LVAD program specifically for children.

The strength of the transplant program also lies in its team, whose commitment has grown out of a shared understanding of the magnitude of their responsibility—literally giving patients a second chance at life.

"Transplantation is not the easiest practice, as you might imagine," says Dr. Chen. "Often, we're operating in the middle of the night. And anything can happen. For example, sometimes the donor heart isn't a match or is not viable. You have to have a dedicated team who's willing to put in the time and who have the 'right stuff' to do this kind of work."

Following transplant, patients still face a number of challenges and require intensive follow-up. "Patients have to take medications every day, sometimes three times a day. They need to keep to their doctor appointments and be vigilant about infections," says Dr. Chen. "This takes a strong support system."

The incredible growth in pediatric solid organ transplants, including heart, liver, kidney, and small bowel—has led to the development of a Pediatric Transplant Institute at Morgan Stanley Children's Hospital. This program will combine all related services, such as medical and dental care, physical therapy, social work, and other resources, in one location. Says Dr. Chen, "This is an exciting time to be part of pediatric transplantation."

(Photo left) At the age of 2, Sebastian Langa was diagnosed with Kawasaki disease that weakened his heart. His condition worsened, and Sebastian's parents left Romania having sold everything they had to bring him to the United States for care. In January 2006, Sebastian, now 8, received his new heart in a surgery performed by Dr. Jonathan Chen at NewYork-Presbyterian/Columbia.

(Photo right) In May 2006, Ken Reng returned for a routine follow-up visit with Dr. Lana Tsao following his heart transplant. Fifteen years ago, at age 33, Mr. Reng was diagnosed with viral myocarditis. His health slowly deteriorated, and, in November 2005, he says, "My heart gave out on me." On January 7, Dr. Allan Stewart replaced Mr. Reng's diseased heart. "Without the whole team being there, things would not have gone as smoothly and as well as they did," says Mr. Reng. "What can you say about a situation like that–you can't even put it in words."

Interventional Solutions for Heart Disease

In the newly equipped and spacious Center for Interventional Vascular Therapy (CIVT) at NewYork-Presbyterian/Columbia, Jeffrey W. Moses, M.D., has assembled a team of interventional cardiologists whose clinical acumen and research interests have earned them recognition throughout the world. Here, thousands of patients a year come for non-surgical treatment of cardiovascular disease by clinicians who have set the gold standard for care. In fact, this experienced group of coronary and endovascular interventionalists have performed more than 60,000 procedures and, during the past six years, participated in more than 100 clinical trials.

Dr. Jeffrey Moses (center) with Byron Johnson, an angioplasty assistant, and Dr. Neil Goyal, an interventional cardiology fellow, study the coronary artery images of a patient during a cardiac catheterization procedure in one of the Center's seven cardiac catheterization labs.

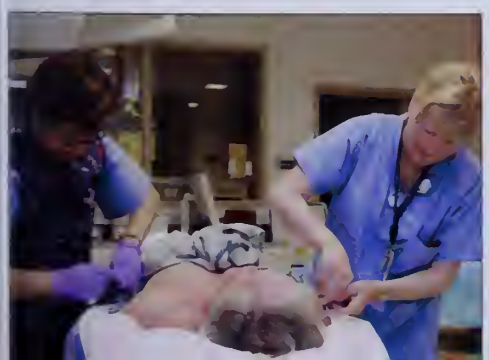
"Patients with complex medical histories often turn to us for alternative therapies that are not available at other institutions," says Dr. Moses, Director of CIVT.

The field of interventional cardiology has vastly expanded the treatment options for coronary artery blockages; many of the advancements came at the hands of Dr. Moses and his colleagues, Martin B. Leon, M.D., Associate Director of CIVT, and Gregg W. Stone, M.D., the Center's Director of Research and Education. Drs. Moses, Leon, and Stone have played key leadership roles in the earliest clinical studies of the coronary stent—a metal tube or scaffold that is inserted after balloon angioplasty to keep the artery open. However, stents came with a set of challenges, and Dr. Moses and his colleagues continued to lead groundbreaking trials on second- and third-generation devices, such as stents coated with medications, to prevent restenosis.

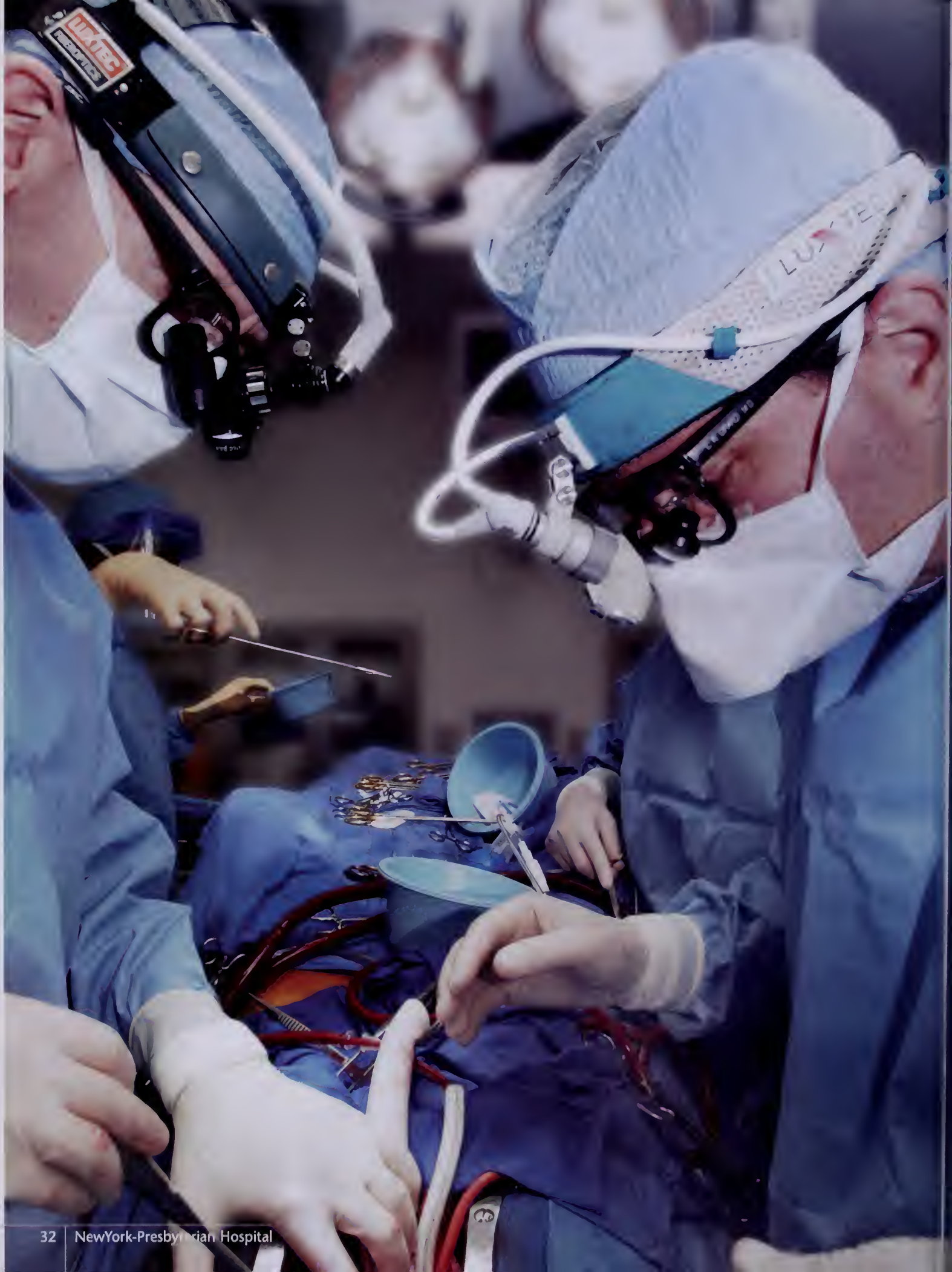
In addition to the latest coronary stent technologies, CIVT physicians are leading investigations into myriad techniques to treat carotid artery disease, congenital heart defects, and heart valve disorders. Their work takes them into the world of gene and cell-based therapies for angiogenesis (the formation of new blood vessels) and myogenesis (the formation of muscle cells and fibers), as well as new pharmacological agents for heart attack and non-surgical heart valve therapies.

They are engaged in seminal research in virtually every phase of interventional cardiology—designing and carrying out studies ranging from acute coronary syndromes, to angioplasty outcomes, to addressing fundamental cardiac issues across the board.

"We're not only practitioners," says Dr. Moses, "we're also doing the science and establishing national benchmarks for care. Our physicians perform a large volume of complicated coronary interventions, offering high-risk patients an array of procedures and treatment options that many times will obviate the need for cardiac surgery. In nearly every case, we can provide another treatment option and solution for a patient's medical need."



Lani Macusi, R.N., and Margaret Grissin, R.N., prepare a patient for an interventional procedure.



Triumphs in Thoracic Surgery

At age 59, Ludmila Byalik was having increasing bouts with shortness of breath. Her physicians in West Virginia diagnosed a rapidly growing aortic aneurysm. By the time she came to see Leonard N. Girardi, M.D., the diameter of her aorta had stretched to six centimeters, more than twice the size of a normal aorta.

"While Mrs. Byalik's heart muscle function was still good, the aorta was huge and her valve was leaking a tremendous amount," says Dr. Girardi, Director of Thoracic Aortic Surgery at NewYork-Presbyterian/Weill Cornell. "The distended aorta plus severe valve leakage, along with heart failure symptoms, prompted the need for immediate surgical intervention."

An aneurysm is characterized by a weakness in the wall of a blood vessel. As an aneurysm expands, the walls of the aorta become thinner and may eventually rupture. Mrs. Byalik's aneurysm extended into the aortic arch—the curved portion of the aorta off of which branch the carotid arteries. "Surgery that involves the aortic arch greatly increases the complexity of the procedure," explains Dr. Girardi. "Not only do you have to reconstruct the valve and protect the arteries to the heart, but you also have to protect the arteries to the brain."

To protect the brain, Dr. Girardi and his colleagues use profound hypothermia—a technique in which the brain is cooled in order to slow its metabolic activity and lower the risk of stroke—a possible complication of aortic arch surgery. Using this technique, surgeons at NewYork-Presbyterian/Weill Cornell have reduced the risk of stroke to less than 2 percent as compared to a national average of 8 to 10 percent.

According to Dr. Girardi, "Aortic surgery requires a huge team approach. You have to have great anesthesiologists, great nursing care, and outstanding cardiologists who take care of patients post-op, as well as an intensive care unit that is top rate. The first 48 hours are critical. After that, patients do well, but you have to get

(Photo left) Dr. Leonard Girardi (right) and Dr. Eugene Kukuy perform an intricate aneurysm and valve repair procedure on Ludmila Byalik.

(Photos below and center) Noted thoracic surgeons Dr. Arash Salemi and Dr. Leonard Girardi are pursuing innovative valve and aneurysm repair procedures.

(Photo right) Perfusionists Barbara Elmer and Maria Zanichelli, critical members of the thoracic team, closely monitor the temperature, blood gases, and physiologic functions of Mrs. Byalik during her surgery.

them through that initial period."

Joining Dr. Girardi in the O.R. is Arash Salemi, M.D., an expert in valve repair and endovascular aneurysm repair. Dr. Salemi has just returned from seven months abroad studying an emerging percutaneous intravascular technology. "This new technology gives us the potential to do valve repairs using catheters and wires that are threaded through the groin," says Dr. Salemi. "We can now offer a viable option to patients who have the severest form of valve disease. This is the future of cardiac surgery, and we're making it available to patients who otherwise wouldn't be candidates for standard open heart procedures."

CT Volume Technology: A View Toward the Future

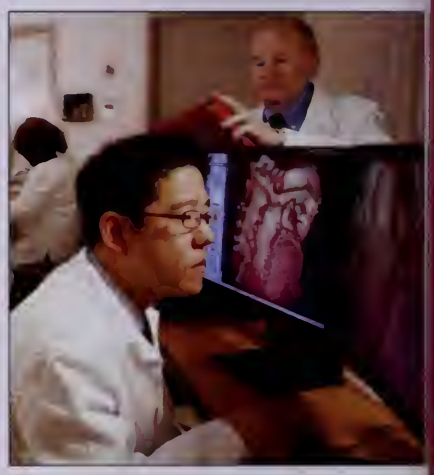
Any way you look at it, the newest volume scan cardiovascular imaging technology provides a detailed view of the anatomical structure or the heart. The 64-slice computed tomography (CT) technique offers a potential alternative to cardiac catheterization for diagnosing and planning treatment for cardiovascular disease.

At NewYork-Presbyterian/Weill Cornell, cardiologist James Min, M.D., and radiologist Gordon Gamsu, M.D., Chief, Non-Invasive Cardiovascular Imaging, are participating in a multicenter trial to determine the role that volume CT can play in coronary artery disease.

"Volume CT is the most significant innovation in cardiology in over a decade, offering tremendous promise as a non-invasive diagnostic procedure," says Dr. Min. "Being able to directly view the coronary arteries, not only for the presence of narrowing or stenosis, but also to be able to see differing plaque types and characteristics, may play an important role in determining an individual's potential for having a heart attack."

"Previously, CT scans provided one row of information at a time," says Dr. Gamsu. "The new scanning technology provides 64 separate rows of information simultaneously, allowing for a rapid and undistorted image with perfect volume rendering. Any axis, any plane, any shape, any size—it's always going to be the true appearance of the structure."

Within the next two years, Drs. Gamsu and Min plan to have a 64-slice or greater scanner in the emergency room. "It's an incredible diagnostic tool that will allow us to diagnose whether chest pain is coming from the heart, the lungs, pulmonary arteries, or from the aorta," says Dr. Gamsu. "In less than 10 seconds, we will be able to triage patients rapidly and very precisely."



Dr. James Min (seated) and Dr. Gordon Gamsu are at the forefront of new cardiac imaging technology, including 64-slice volume CT.

Special moments in time.

FIGHTING THE BRAVEST FIGHT

Eugene Stolowski

Eugene Stolowski lived his life fighting fires until January 23, 2005, when he found himself, instead, fighting for his life. On that day, Eugene was one of four firemen who was forced to jump 50 feet to the ground to escape a burning building. The leap left him near death—with multiple life-threatening injuries. "The doctors said I only had a five percent chance of surviving," he recalls. "But the only chance I had was because I was brought to NewYork-Presbyterian Hospital."

Today, while continuing rehabilitation and contemplating his future, he relishes time with his wife, Brigid, daughter Briana, and his twins, Kaitlin and Kailey. "I'm here to be with them because of the doctors at NewYork-Presbyterian."

Returning for a recent visit with his buddies at Ladder Co. 27, Eugene says, "This is a great firehouse...the best. They took care of my family throughout our ordeal; they took care of me."

LADDER Co 27
FIRE
KEEP BACK 200 FEET
FIRE

BEATING THE ODDS
Jordan Trimarchi

On January 18, 2005, Sadaf Trimarchi gave birth to a seemingly healthy baby boy. But just a few hours before they were to go home, doctors found a tumor growing into the wall of newborn Jordan's heart. He would need a heart transplant to save his life, and he was transferred to Morgan Stanley Children's Hospital of NewYork-Presbyterian. "You can't even talk about odds, they were so stacked against him," says Mrs. Trimarchi.

At 1 week old, Jordan received his new heart. Says his father, Jeff, "Seeing his smile every day and watching him playing and doing everything a normal baby should be doing is nothing short of miraculous. Morgan Stanley Children's Hospital saved his life, no question about it."

FRIENDS FOR LIFE

Nidha Mubdi and Derek Ivery

They met four years ago at Queens College, where Derek Ivery was the screening co-ordinator for the College's Peer Advisement Program and Nidha Mubdi was interviewing for the program. At the time, Nidha was on dialysis for kidney failure—the result of chemotherapy treatments for leukemia.

When Nidha e-mailed her friends the link to a Web site she had created to help find a donor, Derek responded by telling her that he matched her blood type. They met for coffee and he told her he wanted to get tested to see if he could donate his kidney to her."When Derek first told me, I kept asking, 'Are you sure? Are you sure?' " recalls Nidha.

He was, and just before Thanksgiving last year, Derek donated his kidney to Nidha in a nine-hour surgery at NewYork-Presbyterian.

"I was just trying to help one of my good friends," he says. "If that inspires others to do something nice for a friend, then I couldn't ask for anything more than that. And as long as Nidha stays healthy, I'm happy."

A HEARTFELT THANKS
Bill Clinton

On Labor Day weekend 2004, former President Bill Clinton underwent quadruple coronary bypass surgery at NewYork-Presbyterian. It was the surgery heard 'round the world as the media focused on Mr. Clinton, his doctors, and the Hospital. "We are indebted to all the wonderful doctors, nurses, and staff who have been so helpful to us... We cannot thank them enough for their expert care," said the Clinton family.

This April, Mr. Clinton returned to the Hospital as Honorary Chair of the groundbreaking celebration for the new Vivian and Seymour Milstein Family Heart Center. "Maybe a place like this could only be in New York, a genuinely world city, with all the people, the problems that can be found anywhere in the globe," said Mr. Clinton. "This is particularly important at a time when our country...is awash in an explosion of obesity...the complications of which include more heart problems..."

As he took to the podium that day, Mr. Clinton smiled and said, "I confess I ate a bran muffin this morning, but it was low fat."

Leadership Report

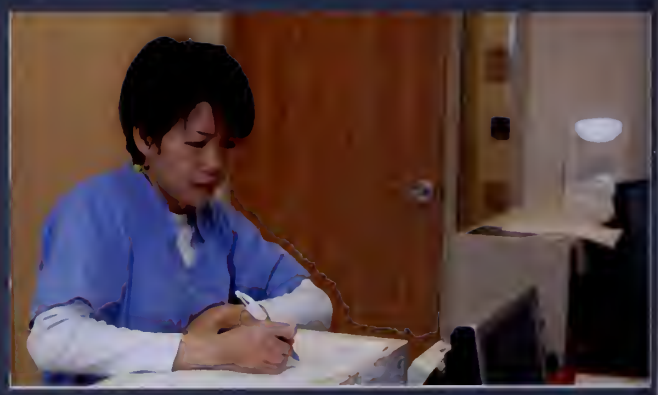
Day-by-day, the staff of

NewYork-Presbyterian Hospital focus their attention on one goal—delivering the highest quality care and service to our patients. We are able to accomplish this goal because of 15,000 dedicated and hard-working employees, as well as the many friends and donors who believe in our mission and are generous with their time and their support. Each of these individuals contributes to our ability to provide the highest quality care and to preserving the special nature of NewYork-Presbyterian.

We are pleased to share news of the past year—appointments of new physicians, highlights in nursing, clinical and community initiatives, and renovations and construction projects. These accomplishments fuel our continuing drive for excellence, and enable us to offer the very best care for all patients who come through our doors.

John J. Mack
Chairman,
Board of Trustees

Herbert Pardes, M.D.
President and
Chief Executive Officer



HIGH MARKS FROM JCAHO

In November, a team of 13 surveyors from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) spent a week evaluating the five NewYork-Presbyterian Hospital sites and awarded the Hospital an unconditional accreditation. The result reflects the competence and unparalleled commitment of our staff who strive daily to do the very best for patients.

NUMBER 1 IN NEW YORK; NUMBER 6 IN THE NATION

With our standing steadily rising over the last six years, NewYork-Presbyterian Hospital has just ranked 6th in the nation in *U.S.News & World Report's* 2006 "America's Best Hospitals" survey—up from 7th in 2005. For the sixth consecutive year, NewYork-Presbyterian was the only New York City hospital to be named to the Honor Roll. In 2005, for the first time, the Hospital was one of only three hospitals in the country to be recognized in all 17 clinical specialties ranked by the magazine.

RECRUITING PHYSICIAN LEADERS

At NewYork-Presbyterian/Weill Cornell, we welcomed **Michael G. Stewart, M.D.**, from Baylor College of Medicine and the Texas Medical Center, to become Chief of Otorhinolaryngology; **Matthew E. Fink, M.D.**, most recently at St. Luke's-Roosevelt Hospital Center, was named Director of the Vascular and Critical Care Programs; and **Anne Moscona, M.D.**, joins us from Mt. Sinai as Vice Chair of Research Development in the Department of Pediatrics.

At NewYork-Presbyterian/Columbia, **Mitchell C. Benson, M.D.**, was named Chief of the Department of Urology, having served as Interim Chief since 2004, and **Ronald Wapner, M.D.**, who hails from Drexel University College of Medicine, was appointed to head the Maternal-Fetal Medicine Division. In addition, we welcomed **Steven S. Rosenfeld, M.D.**, to direct the Division of Neuro-Oncology, and **Jaime Landman, M.D.**, as Director of Minimally Invasive Urology. **Dominique M. Jan, M.D.**, was named Surgical Director of Pediatric Transplantation in the Division of Liver Surgery and Abdominal Transplantation; and **William Gray, M.D.**, has become Director of Endovascular Services.

Joseph Tenenbaum, M.D., has been appointed the new Chief of Medicine at NewYork-Presbyterian Hospital/The Allen Pavilion.

PROMOTING CHILDREN'S HEALTH

NewYork-Presbyterian is the only hospital in the State of New York, and one of only 41 nationwide, that is a member of the Child Health Corporation of America (CHCA). CHCA is advancing national standards for children's health through particular focus on quality performance, safety, and other measurable indicators, and is working with JCAHO to develop national standards for pediatrics.

Thanks to the extraordinary philanthropy of **Phyllis** and **David Komansky**, the **Komansky Center for Children's Health** became a reality in 2005, greatly enhancing pediatric care at NewYork-Presbyterian/Weill Cornell. The Komansky Center, a "children's hospital within a hospital," features a newly renovated Pediatric Emergency Department, and will include upgrades to the neonatal intensive care unit, pediatric intensive care unit, the pediatric floor and the development of a new O.R. procedure suite.

Morgan Stanley Children's Hospital celebrated the opening of the first child and adolescent psychiatric emergency program in the country. We also expanded the Hospital's 50-bed neonatal intensive care unit to include an eight-bed satellite unit. A Children's Transplantation Center is under development, which will include the recently launched small bowel transplant program.

Thanks to a $2 million four-year grant from Merck Childhood Asthma Network, the Morgan Stanley Children's Hospital and the Ambulatory Care Network of NewYork-Presbyterian are improving asthma care for children in the Washington Heights and Inwood neighborhoods of New York City.

In addition, the New York Life Foundation has awarded the Hospital a grant of $2 million to help fund Wintergarden events, enabling us to expand entertainment programs, health education and outreach, and scientific symposia.

THE FINANCIAL FRONT

In 2005, NewYork-Presbyterian realized a $60.1 million gain from operations, despite the ongoing difficulties posed by rising hospital costs, flattening revenues, and the generally challenging financial picture faced by hospitals and health-care facilities nationally. This financial result can be attributed to a number of factors, among them increased patient volume, the continuing pursuit of operating efficiencies and methods to reduce length of stay, and revenue enhancement efforts. Our financial vitality enables us to continually reinvest in programs and resources and proceed with building programs that will serve the needs of our diverse and growing patient population.

A FOCUS ON FACILITIES

NewYork-Presbyterian has embarked on a series of major construction projects to ensure our ability to deliver the highest quality of care well into the future. In 2005, the Hospital received Certificate of Need approval for three priority projects: The Vivian and Seymour Milstein Family Heart Center at NewYork-Presbyterian/Columbia and, at NewYork-Presbyterian/Weill Cornell—the Advanced Therapeutic Services Center and a new inpatient floor in the Greenberg Pavilion.

On April 27, 2006, we held a groundbreaking ceremony for The Vivian and Seymour Milstein Family Heart Center—a 140,000-square-foot facility located between the Milstein Pavilion and the Herbert Irving Pavilion—that will consolidate cardiac-related services in one building. The new facility, which is expected to open in 2009, will feature four interventional labs, an ambulatory surgery suite, 20 intensive care unit beds, and an education center that will serve as a major conference site for programs for physicians from around the world.

NewYork-Presbyterian/Columbia recently completed renovating our critical care units, including a 21-bed Cardiothoracic ICU and an 18-bed Neuroscience ICU.

NewYork-Presbyterian/Weill Cornell is proceeding with construction of a new 6,000-square-foot Advanced Therapeutic Services Center—located in the courtyard between the Greenberg Pavilion and the M Building—that will expand the emergency department, provide interventional radiology rooms, and add four operating rooms. In the Greenberg Pavilion, a new floor is being added that will provide 48 inpatient beds.

A new Gastrointestinal Center at NewYork-Presbyterian/Weill Cornell is taking shape. The Jay Monahan Center for Gastrointestinal Health has been in place on the first floor of the Stich building since 2004. Construction is now underway for the Colorectal Surgery Program on Stich 2, and later this year, the Inflammatory Bowel Disease Center will occupy its new home on the third floor.

In addition, a new 20-story building is being erected on First Avenue between 71st and 72nd Streets that will provide much-needed additional residential space for our employees and staff.

THE ALLEN PAVILION

At one year old, the new Emergency Department at The Allen Pavilion has received an overwhelming vote of confidence from the community. Double the size of the original facility, the new ED accommodated an additional 5,000 patients in 2005 and admitted slightly more than 700 new patients over previous years.

The Allen Pavilion made medical history recently by using a robot to assist the surgeons and support the role of the nurses in the operating room. The Penelope™ Surgical Instrument Server—which can identify surgical instruments, hand them to the surgeon, retrieve them and put them back in place—is a safe, efficient and cost-effective adjunct in the O.R.

In partnership with the American Red Cross, in 2005 The Allen Pavilion was the first hospital in New York City to conduct a *Ready New York* emergency preparedness seminar for the community.

PUBLIC POLICY INITIATIVES

NewYork-Presbyterian has long played a key role in the local, state, and federal arenas to promote health-care policies that will benefit our patients and the communities we serve. To that end, we have provided leadership in the Greater New York Hospital Association; Connecting for Health, an initiative of the Markle Foundation that works to realize the full potential of information technology in health and health care; and APIRE (American Psychiatric Institute for Research and Education), an affiliated corporation of the American Psychiatric Association. In addition, we regularly lend our voice to important health issues at visible forums, such as the World Health Congress.

Greater utilization of health information technology is an ongoing focus through our participation in the Commission on Systemic Interoperability, authorized by the Medicare Modernization Act, which has charged hospitals nationwide with developing a strategy to make health-care information instantly accessible to consumers and their health-care providers.

NEWYORK-PRESBYTERIAN HEALTHCARE SYSTEM

In 2005, NewYork-Presbyterian Healthcare System welcomed Southampton Hospital, Phelps Memorial Hospital Center, and New York Downtown Hospital.

System members have distinguished themselves in the area of stroke care—with 13 members receiving New York State Stroke

SURPASSING NURSING STANDARDS

Under the strong leadership of Senior Vice President and Chief Nursing Officer **Wilhelmina M. Manzano, R.N., M.A.**, our Nursing Division is promoting innovation and excellence in nursing practice, advancing patient-centered care, and fostering professional development.

We have made a major financial commitment of over 150 direct caregivers to increase nursing staff at the bedside, in the emergency departments, in the operating rooms, and we have made investments to increase the number and quality of our nurse managers. In addition, Nursing has co-led the Hospital initiative on the "Putting Patients First" campaign, and many efforts are underway to improve patient satisfaction and outcomes, as well as to facilitate teamwork and collaboration among care team members, thus enhancing the patient care experience.

Quality and safety remain at the forefront of efforts by the Division of Nursing in 2005, including the implementation of the Medical Event Reporting System at all sites and participation in the Clean and Safe Hospital Committee to maintain a state of 24/7 organizational readiness.

The Division of Nursing at NewYork-Presbyterian Hospital continued to advance the profession of nursing through preceptor, mentoring and nurse internship programs in 2005, including the ongoing growth and success of a nurse internship program at Morgan Stanley Children's Hospital. In addition, a Nursing Leadership Initiative taskforce led by Ms. Manzano evaluated the roles of nursing leadership at NewYork-Presbyterian, and recommendations to enhance the position of the front-line manager at all Hospital sites are being implemented in 2006.

In 2005, NewYork-Presbyterian had a vacancy rate in nursing of 5.05 percent compared to a national average of 16 percent. Our nursing turnover rate was less than 9 percent versus a national average of 14 percent. Efforts continue to focus on the successful recruitment and retention of nursing talent, both at the staff and leadership levels.

Center designation and an additional three members receiving JCAHO Stroke Center designation.

The System participated in the *100,000 Lives Campaign* of the Institute for Healthcare Improvement, and we are proud to report that every acute care member hospital joined in this year-long nationwide effort by some 3,000 hospitals to impact patient care. Participants are carrying out specific interventions identified by the Institute—from implementing rapid response teams to preventing infections to improving care for acute heart attack.

Internationally, the System continues to consult in the development of the Shepton Mallet Treatment Center in the United Kingdom, providing expertise to the U.K. Department of Health in such areas as orthopedics, imaging, mental health services, and cancer care.

IN SERVICE TO ALL

Like New York City itself, NewYork-Presbyterian Hospital is a melting pot of individuals from every walk of life. We are a vibrant mix of cultures, and we are proud to play our part in service to our communities. In our role as a national—indeed, international—health-care leader, providing the best possible care to those who come to us for help remains our number one priority.

PARTNERING WITH THE COMMUNITY

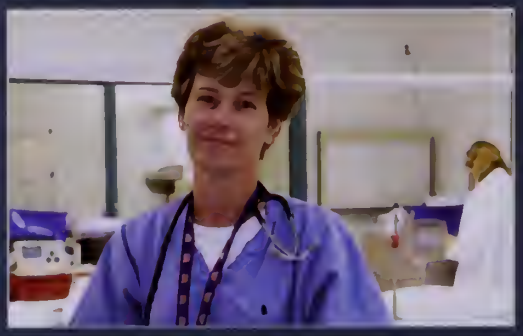
In 2005, **J. Emilio Carrillo, M.D., M.P.H.**, was appointed Vice President of Community Health Development at NewYork-Presbyterian Hospital. Dr. Carrillo is developing a strategic Hospital program that will address health disparities and the special health needs of minority and immigrant communities by collaborating with local health-care providers, community-based organizations, government agencies, foundations, and philanthropic entities.

As part of our continuing commitment to the well-being of our community, Dr. Carrillo is building a coalition of community-based and faith-based organizations that, together with NewYork-Presbyterian, will identify and address specific health issues, such as diabetes and childhood obesity.

In order to direct community health efforts within an evidence-based framework, Dr. Carrillo is conducting community health needs assessments that will be updated on a periodic basis. Initial studies have been launched in both the Washington Heights-Inwood and East Harlem communities.

Dr. Carrillo is collaborating with our academic partners at Columbia University College of Physicians and Surgeons and Weill Cornell Medical College in grants and development efforts that would further contribute to health improvement efforts in communities served by New York-Presbyterian Hospital. Within the hospital, Dr. Carrillo is also collaborating with a number of departments in the development of new programs designed to enhance cultural competence, language interpretation, translation and cross-cultural communication.

The growth and coordination of the Hospital's community health efforts and the enhancement of linguistic and cultural competence will further our standing as a national leader in health-care quality.



Facts and Financials

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NewYork-Presbyterian Hospital

Statistical Summary (2005)

PATIENT CARE

Patients Discharged (including neonatal)	96,998
Newborn	10,242
Psychiatric	
Payne Whitney Clinic	1,267
NewYork-Presbyterian/Columbia	1,610
Westchester Division	3,670
Total	**113,787**
Patient Days, All Divisions (including newborns)	729,088
Visits to Day Hospital (ambulatory surgery)	47,594
Visits to Outpatient Clinics	828,136
Visits to Emergency Facilities	202,154

DISTRIBUTION OF BEDS

Medical/Surgical	1,581
Pediatrics	125
Maternity	140
Nursery	111
Psychiatric	378
Total	**2,335**

SERVICES TO PATIENTS

Laboratory	9,265,517
Blood Bank	431,072
Radioisotopes Services	18,750
X-ray Procedures	552,235
Operations	48,264
Deliveries	11,085
Electrocardiograms	223,459
Electroencephalograms	43,732
Therapy Treatments (Physical, Occupational)	315,101
Transfusions	107,647
Average Number of Full-Time Employees	15,078

NewYork-Presbyterian Hospital

Financial Summary January 1 - December 31, 2005

REVENUES AS A PERCENTAGE OF TOTAL PATIENT CARE AND OTHER REVENUES

Revenues	$ Millions	%
Net Patient Revenues	2,414.3	92.8%
Other Revenues	187.4	7.2%
Total Revenues	**$2,601.7**	**100.0%**

EXPENSES AS A PERCENTAGE OF TOTAL EXPENSES

Expenses	$ Millions	%
Salaries and Wages	1,134.4	44.6%
Employee Benefits	278.2	10.9%
Provision for Bad Debts	64.7	2.5%
Depreciation and Amortization	159.7	6.4%
Interest	46.1	1.8%
Supplies and Nonsalary Expenses	858.5	33.8%
Total Expenses	**$2,541.6**	**100.0%**
Gain (Loss) from Operations	**$60.1**	

Note: The Hospital also expended $58.8 million in Charity Care.

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Emergency Medicine
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Medicine
Ralph L. Nachman, M.D.

Neurology
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** Hospital member*

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NewYork-Presbyterian Hospital/ Columbia University Medical Center

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Mrs. Theodore Semegran
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Mrs. David Dodge
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Mrs. Paul Cannon
Secretary

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Miss Anne Lipari
Corresponding Secretary

The 15 active members, as well as our 30 associate members, are delighted to be supporting a scholarship for junior faculty at the Center for Women's Health. This will be our seventh grant in the amount of $50,000. In addition, we have funded the following:

- $5,000 to the Department of Social Work and Rehabilitative Medicine to enable the Clothing Fund to continue
- $15,000 to the Emergency Room to create a Bereavement Room and English and Spanish language brochures explaining procedures
- $12,000 to our Anna Ball Kneeland Fund to support educational programs and lectures for social workers
- $5,000 to improve the lighting and sound system in the Pauline Hartford Chapel
- $7,500 to the Center for Women's Health fund-raising event
- $7,500 to Artists Unite to enable cancer patients to express their feelings in painting
- Support for the Milbank Library to provide free reading material to patients
- Supplying volunteers in the Trained Liaison Comforter program in the ICU and Same Day/Ambulatory waiting areas
- Free parking for Auxilian volunteers
- Participation in the United Hospital Fund's annual Volunteer and Volunteer Day of Recognition

THE AUXILIARY

NewYork-Presbyterian Hospital/ Weill Cornell Medical Center

Fran Poole
Chair

Kim Church
Elizabeth Johnson
Vice Chairs

Suzannah Smith
Secretary/Treasurer

Collette T. Kean
Chair Emeritus

2005 brought the kick-off of our Holiday Express greenery program in which holiday greens are delivered fresh from the farm to the doors of our supporters. All proceeds benefited the Pediatric Emergency Department.

The Auxiliary's mission of supporting the Hospital's many patient-related programs continued with funding grants to:

- Pediatric Primary Care Clinic
- Patient Recreation and Crafts Program
- Education Aids for the Social Services Department
- "Healthy Steps" for Young Children
- Paramedic Training Program
- Payne Whitney's Therapeutic Activities

Outstanding presentations for the educational lecture series continued, concluding with a presentation on plastic surgery.

The Babies Alumni Program was pursued actively and added many new members to its roster.

Members of the Auxiliary of both centers also participate in the United Hospital Fund and Hospital Association of New York.

VOLUNTEERS

NewYork-Presbyterian Hospital

Rick Evans
Director
Volunteer and Patient-Centered Services

Evelyn Ramos
Manager
Volunteer Services
NewYork-Presbyterian/Columbia

Maxine Dacres
Manager
Volunteer Services
NewYork-Presbyterian/Weill Cornell

Diane Clark
Manager
Volunteer and Patient Services
Payne Whitney/Westchester

Mayra Garcia
Manager
Volunteer Services
NewYork-Presbyterian/Allen Pavilion

Barbara Smolek
Manager
Volunteer Services
Morgan Stanley Children's Hospital of NewYork-Presbyterian

Ariel Lenarduzzi
Manager
Interpreter Services

Volunteers are a key element of patient-centered care at NewYork-Presbyterian. In 2005, nearly 1,600 volunteers provided more than 166,000 hours of service in a wide array of programs and roles, including in our Emergency Departments, Child Life Program, Pet Therapy Program, Hospital Elder Life Program (HELP), Domestic and Other Violence Emergency (DOVE) Program, Reach Out and Read, Silver Spoons, Trained Liaison Comforters (TLC), and helped at information desks and waiting areas across our facilities. They have also played an important role in helping us to achieve our service excellence and patient-satisfaction goals.

NewYork-Presbyterian's language assistance program, which provides services to patients with Limited English Proficiency, continues to pursue a wide array of initiatives aimed at maintaining high levels of patient and staff awareness regarding this important issue as well as community outreach and interpreter competency and training programs. Our program has grown along with the need and is now recognized as a "best practice" in the region and state. In 2005, interpreter assistance was provided to patients at our facilities for 72 different languages, over 115,000 times.

NewYork-Presbyterian Healthcare System

Board Leadership, Senior Management and System Members

Comprising 34 general acute-care hospital sites in New York, New Jersey, Connecticut and Texas; six skilled nursing facilities, and numerous other ambulatory and specialty providers, the NewYork-Presbyterian Healthcare System is one of the largest systems in the United States. Established by NewYork-Presbyterian Hospital, the System's mission is to increase access to high-quality care, foster quality improvement, promote professional and operational excellence, and support the mission of its academic partners. The System currently serves nearly one out of every four patients seen in the greater New York metropolitan area.

NewYork-Presbyterian Hospital and its clinical service lines play an increasingly important role in expanding the scope of medical and surgical services offered at System institutions. Most general acute care members are also affiliates of one of two medical school partners: Columbia University College of Physicians and Surgeons and Weill Medical College of Cornell University. The activities of the System are overseen by a Board, which includes members from the NewYork-Presbyterian Board and chairpersons from selected member institutions. Listed here are key System leadership and members.

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Donald L. Boudreau
John E. Merow, Esq.
Vice Chairmen

Herbert Pardes, M.D.
President and Chief Executive Officer
NewYork-Presbyterian
Healthcare System

Arthur A. Klein, M.D.
Executive Vice President and
Chief Operating Officer
NewYork-Presbyterian
Healthcare System
(through April 2006)

Wayne Osten
Acting Director
NewYork-Presbyterian
Healthcare System
(as of April 2006)

Laurence J. Berger
Vice President
Administrative Affairs

Eliot J. Lazar, M.D.
Chief Medical Officer and
Vice President
Medical Affairs

David Alge
Vice President
Operations

Oliver T. Fein, M.D.
Associate Dean and Director
Office of Affiliations
Weill Cornell Medical College

Steven Shea, M.D.
Vice Dean, Faculty of Medicine
and Senior Associate Dean
for Clinical Affairs
Columbia University College
of Physicians and Surgeons

ACUTE CARE MEMBERS

NewYork-Presbyterian Hospital
- The Allen Pavilion
- Morgan Stanley Children's Hospital of NewYork-Presbyterian
- NewYork-Presbyterian/ Columbia
- NewYork-Presbyterian/ Weill Cornell
- Westchester Division

Bassett Healthcare
The Brooklyn Hospital Center
Holy Name Hospital
Hospital for Special Surgery
Lawrence Hospital Center
Methodist Hospital System
- Methodist Hospital/Houston
- Methodist Hospital/San Jacinto
- Methodist Hospital/Sugar Land
- Methodist Hospital/Willowbrook

New Milford Hospital
New York Community Hospital
New York Downtown Hospital
New York Hospital Queens
New York Methodist Hospital
New York Westchester Square Medical Center
Northern Westchester Hospital
Nyack Hospital
Orange Regional Medical Center
- Arden Hill Campus
- Horton Campus

Palisades Medical Center
Phelps Memorial Hospital Center
St. Barnabas Hospital–The Bronx
Southampton Hospital
South Nassau Communities Hospital
Stamford Health System
The Valley Hospital
White Plains Hospital Center
Winthrop-University Hospital
Wyckoff Heights Medical Center

CONTINUING CARE MEMBERS

Amsterdam Nursing Home
Fort Tryon Center for Rehabilitation and Nursing
Manhattanville Health Care Center
St. Barnabas Nursing Home
St. Mary's Hospital for Children–Queens
The Silvercrest Center for Nursing and Rehabilitation

AMBULATORY AND SPECIALTY MEMBERS

Community Healthcare Network
Gracie Square Hospital
New York College of Podiatric Medicine & Foot Clinics of New York
The Rogosin Institute

SPECIALTY REHABILITATION MEMBERS

The Burke Rehabilitation Hospital
Helen Hayes Hospital

Development Report

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In 2005, donors propelled NewYork-Presbyterian Hospital to a record fund-raising total for a third consecutive year, reaching $203.6 million in new gifts and pledges. This extraordinary generosity is giving life to projects and programs to enable the Hospital to deliver care unsurpassed anywhere in the world.

At the heart of our success is the leadership of our trustees whose generosity and involvement has drawn a growing list of New Yorkers closer to the Hospital.

Under the leadership of Honorary Chair Maurice "Hank" Greenberg, Campaign Chair Jerry I. Speyer, Co-chairs Frank A. Bennack Jr. and John J. Mack, as well as all members of the Special Committee on the Campaign, *To Realize Medicine's Promise* finished the year at $705 million – well ahead of our projections.

Fueling the extraordinary year, trustees and friends coalesced around projects designed to introduce new groups to the Hospital. Some examples:

- Through the guidance of Glenn Hutchins, Steven Mnuchin, Richard Perry, Art Samberg, and Mark Schwartz, the Hospital has undertaken an effort to match those in the hedge fund and private equity sectors with clinical priorities at the Hospital.
- Trustee Charlotte Ford has begun a series of luncheons where guests are treated to presentations by medical leaders. Many of Charlotte's guests have since visited the Hospital to learn more.
- David Koch, who chairs the Development Committee of the Board, routinely has served on many occasions as master of ceremonies at some of the Hospital's most notable events. The dedication of the new Christy and John Mack Ambulatory Lab Center in the Irving Pavilion and the celebration of the Phyllis and David Komansky Center for Children's Health were two events which underscored the importance of active trustee leadership.
- Trustee John K. Castle continues to graciously host Dr. Herbert Pardes and select members of the Hospital medical staff during the Hospital's annual visit to Palm Beach, Florida.

EVENTS

17th Annual Gala

On April 21, 2005, more than 1,200 people danced the night away at the Hospital's 17th Annual Gala at the Waldorf-Astoria and brought in over $2.5 million for Obstetrics and Gynecology. This was one of the largest and most successful Galas in the Hospital's history. The Ob/Gyn departments will use the funds to continue to pave the way in women's health care through cutting-edge research, delivery of advanced quality care, and training of future leaders in the field.

The Gala's Dinner Chairs were Julia and David Koch and Lisa and Mark Schwartz. The Gala Faculty Chairs were Dr. Frank A. Chervenak and Dr. Mary E. D'Alton.

The Gala honored Frank A. Bennack Jr. and The Hearst Foundations and Carmen and John Thain for their ongoing commitment to health care and to NewYork-Presbyterian. Thanks to Carmen and John Thain, we have a new state-of-the-art Labor and Delivery Unit at NewYork-Presbyterian/Columbia. Frank Bennack and the Hearst Foundations have faithfully supported the Hospital over many years. The Hearst Burn Center and the Morgan Stanley Children's Hospital have both benefited from their commitment.

Top: *(left to right) David and Julia Koch, Frank Bennack and Dr. Mary Lake Bennack, Dr. Herbert Pardes, Carmen and John Thain, and Lisa and Mark Schwartz at the 17th Annual Gala.*

Bottom: *Dr. Herbert Pardes and Dr. Nancy Wexler with (from left) the "Golden Boys," Fabian, Bobby Rydell and Frankie Avalon.*

Top: *(left to right) Jerry Speyer, Suzanne and Stephen Weiss, Charlotte Ford, Dr. Nancy Wexler, Dr. Herbert Pardes, Lisa Perry, Sandy and Joan Weill, Douglas McIntyre, Dr. Patricia Allen, and Dr. Antonio and Anita Gotto at Cabaret 2005.*

Bottom: *(left to right) Katherine Farley and Jerry Speyer join Bette Midler, who entertained guests at Cabaret.*

Cabaret Goes to Vegas

The evening of October 27, 2005, saw almost 900 guests fill Pier 60 at Chelsea Piers to celebrate *Cabaret Goes to Vegas*. Under the leadership of Co-chairs Charlotte Ford, Lisa and Richard Perry, Katherine Farley and Jerry Speyer, and Suzanne and Stephen Weiss, as well as Journal Chairs Dr. Patricia Yarberry Allen and Douglas McIntyre, the event brought in over $2.3 million in support of both NewYork-Presbyterian Hospital and Weill Cornell Medical College.

A video spotlighting great "partnerships" highlighted the honorees: Dr. Antonio and Anita Gotto; Christy and John Mack; Dr. Herbert Pardes and Dr. Nancy Wexler; and Joan and Sandy Weill.

Entertainment was provided by one of comedy and music's true stars—Bette Midler—who captured the crowd with her wit and moving lyrics.

AN EXTRAORDINARY GIFT

While Herbert and Florence Irving have been making gifts to the Hospital since 1989 when they established the Herbert and Florence Irving Clinical Research Center, early 2005 saw the Irvings inspire us even more by making a transformational gift in support of the cancer program, which the Irvings have championed for many years.

Joining the Irvings are individuals, corporations and foundations who contributed to the record-setting year by committing gifts of $1 million or more: Anonymous (2), Avon Foundation, George F. Baker Trust, Jill and Lewis Bernard, Estate of Bill Blass, Steven and Alexandra Cohen, Michel David-Weill, Sherman Fairchild Foundation, Gershwind Family Foundation, Gilder Foundation, Arlene and Arnold Goldstein, Maurice R. and Corinne P. Greenberg, Leona M. and Harry B. Helmsley Charitable Trust, Hutchins Family Foundation, Jacobson Family Foundation, Phyllis and David Komansky, Kreitchman Family Foundation, J. Murray Logan, Sir Edwin Manton, William G. Miller Trust, Seymour and Vivian Milstein Family, Samuel I. Newhouse Foundation, New York Life Foundation, Lisa and Richard Perry, Estate of Frederic N. Schwartz, Helen M. W. Swan Trust, Roy and Diana Vagelos, DeWitt Wallace Fund at the New York Community Trust, Margaret L. Wolff, and Roberta L. Zuhlke Trust.

We are proud to say that since 2000 more than 140 donors have supported the Hospital at the $1 million+ level—an indication of not only the breadth but the depth of commitment of the Hospital's trustees and friends.

We thank each of them for their support and thank all of our benefactors who allow us to treat, to heal, to discover and to dream.

COLUMBIA PRESBYTERIAN HEALTH SCIENCES ADVISORY COUNCIL

The Columbia Presbyterian Health Sciences Advisory Council, chaired by Richard A. Elias, M.D., works with Herbert Pardes, M.D., President and CEO of NewYork-Presbyterian Hospital, and Gerald D. Fischbach, M.D., Executive Vice President for Health and Biomedical Sciences and Dean of the Faculties of Science and Medicine, to promote the interests of NewYork-Presbyterian Hospital/Columbia University Medical Center. Dr. Elias succeeds John K. Castle, NewYork-Presbyterian Hospital Trustee, who effectively led the Council for two years.

The Council meets twice annually. The Council's membership is made up of distinguished individuals drawn from the faculty and friends of NewYork-Presbyterian and Columbia University Medical Center. They contribute a variety of professional and personal skills and experience and are strongly committed to encouraging excellence in health-care education, research and patient care. The Council also carries out its mission through its standing committees.

During the Council meetings, members of the faculty and staff present on topics pertinent to the Medical Center community. At the May 2005 meeting, the presentations were on "Taking On the Two Leading Killers in the U.S.: Cancer and Heart Disease." At the November 2005 meeting, Council members and guests heard presentations on "The Care Until the Cure for Diabetes." The Advisory Council also presents an Award for Distinguished Service to individuals and organizations that have shown a strong and committed interest in the health sciences and whose influence and reputation have made a significant impact on the public, especially concerning health care. In 2005, the Russell Berrie Foundation and Jane E. Brody of *The New York Times* were honored.

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NEWYORK WEILL CORNELL COUNCIL

The NewYork Weill Cornell Council has flourished under the leadership of Jeffrey W. Greenberg, Council Chairman; Antonio M. Gotto Jr., M.D., D.Phil., Stephen and Suzanne Weiss Dean of Weill Cornell Medical College; and Herbert Pardes, M.D., President and CEO of NewYork-Presbyterian Hospital. The Council, which is a shared advocacy group for the Hospital and the Medical College, totaled 106 members as of December 2005. It serves as an important forum for educating friends, donors and members of the community on issues of contemporary relevance in medicine. "The Council is instrumental in advancing the joint interests of both institutions," said Mr. Greenberg, "by promoting dialogue between their representatives and introducing them to the communities they serve."

In the past few years, the Council has embarked on a new initiative to strengthen its program calendar by fortifying Council events with a more immediate sense of involvement in the growth of the institutions. Small-group tours of key facilities of the Medical Center are combined with educational presentations held each winter and a large off-site celebratory dinner each spring. The Council's most recent program featured a November 3rd tour of the neuroscience facilities followed by a presentation on December 1st, entitled "Brain Trust." This presentation involved a panel discussion that highlighted clinical practice, research trends and ethical issues in neuroscience. Panel participants included Matthew E. Fink, M.D., Joseph Fins, M.D., Nicholas D. Schiff, M.D., and Philip E. Stieg, Ph.D., M.D.

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The Children's Advisory Council of NewYork-Presbyterian Hospital was established in 2004 to address priorities and objectives of the Morgan Stanley Children's Hospital and the Komansky Center for Children's Health. The Council is chaired by Sarah Nash and includes NewYork-Presbyterian Hospital Trustees, representatives from both Universities, and friends of each site. The Council meets several times a year with the President and Chief Executive Officer, Senior Vice President and COO for Women's, Children's & Community Health, the Chiefs of Pediatrics of NewYork-Presbyterian/Columbia and NewYork-Presbyterian/Weill Cornell, and other faculty and administrators to discuss issues concerning children and their families.

The principal goals of the Children's Advisory Council are: to develop leadership for personally contributing to and attracting private support for advancing the care of children; to raise visibility and communicate achievements to a broad external audience; to serve as a sounding board, advise on, advocate for, and participate in plans and programs; and to play a role in educating the public and our communities about the importance of the Morgan Stanley Children's Hospital and the Komansky Center for Children's Health as a national resource that requires investment in order for children to grow up healthy.

In accordance with its mission, the Council will be focusing efforts in 2006 toward advocacy for children, specifically regarding health-care coverage in the wake of forecasted government reforms to Medicaid on both the national and local levels. The Council is also collaborating with the National Association of Children's Hospitals and Related Institutions (NACHRI) to implement strategies for working with elected officials and other government candidates. Another area of focus for 2006 is to advance quality of care and patient safety, goals which the hospital has set forth as a priority.

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The James Lenox Society is a dedicated circle of friends helping to improve the future of health-care delivery at NewYork-Presbyterian Hospital/Columbia University Medical Center. Membership is extended to donors whose unrestricted contributions total $1,000 or more throughout the year. These leadership gifts allow the Hospital to provide the highest levels of quality in patient care, clinical services and medical advances. In recognition of their partnership, Society members enjoy a broad range of privileges and benefits from NewYork-Presbyterian Hospital. The James Lenox Society creates a rare and profound opportunity to become an insider – an active partner – in advancing medicine. We would like to thank members of the James Lenox Society for their generous and continued support.

PARTNERS IN MEDICINE

Partners in Medicine honors the special generosity of contributors who make an annual gift of $1,000 or more to NewYork-Presbyterian Hospital/Weill Cornell Medical Center. As a Partner in Medicine, you are part of a proud tradition of caring and distinguished leadership that enables NewYork-Presbyterian Hospital to serve millions of men, women and children with the best inpatient care, biomedical research, medical education and community outreach. Partners are among the first to hear about exciting breakthroughs in research conducted at our medical center and are invited to exclusive gatherings to meet some of the world's finest researchers and physicians in medicine today. We are especially grateful for your help in advancing medical research and treatment.

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These individuals continue the legacy established through the careful planning of Payne Whitney and Edward Harkness, whose foresight was instrumental in the establishment of the two great academic medical institutions that form NewYork-Presbyterian Hospital on their present-day sites.

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IN MEMORIAM

NewYork-Presbyterian mourns the loss of these valued members of the Hospital community.

George F. Baker III
James Curran
Marilyn Curran
John Elliott Jr.
Peter F. Karches
Milagros DeLeon Lake
Honora (Noreen) Mahoney
May O'Shea
Elizabeth R. Prichard
George Gordon Reader, M.D.

IN MEMORY OF GEORGE F. BAKER III

The NewYork-Presbyterian Hospital and Weill Cornell Medical College mourn the tragic and untimely death of our beloved and esteemed friend and Trustee George F. Baker.

A creative and uniquely talented man of strong commitment and outstanding intellect, Mr. Baker was elected Governor of The Society of the New York Hospital in 1977 and went on to serve on the Board of the merged NewYork-Presbyterian Hospital, the third generation of his family to do so. The family's deep interest and dedication to New York Hospital dates back to 1899, and the Baker Pavilion of NewYork-Presbyterian/Weill Cornell Medical Center stands as a monument to their loyalty and service to the Medical Center.

During his 28 years of Board service, Mr. Baker served on several Board committees, including Executive, Finance and Nominating. He was honored as New York Hospital's Trustee of the Year in 1996. Since 1981, Mr. Baker had been an outstanding Chairman of the Hospital's Investment Committee, where his astute stewardship of its endowment and retirement funds was invaluable. He served as Vice Chairman of the NewYork-Presbyterian Fund, Inc. (formerly The Society of The New York Hospital Fund, Inc.), and Vice President, and later President, of The New York Presbyterian-Weill Cornell Medical Center Fund, Inc. (formerly The New York Hospital-Cornell Medical Center Fund, Inc.).

We will profoundly miss his abiding friendship, his wit, and his wise counsel and cherish his memory with the greatest affection.

LEAVE A LEGACY BY MAKING A GIFT

Gifts, bequests and trusts are important sources of support for NewYork-Presbyterian Hospital. Such gifts allow you to leave a legacy and help fund a wide range of programs, including those that provide patient care, educate future physicians and scientists, expand community outreach, and make possible pioneering clinical research that results in new and improved treatments for disease. Providing support for these programs in your estate plan makes a moving statement about your care and concern for the health and well-being of future generations.

Gifts can be made in cash, securities, or other property and can take many forms: an outright gift, pledge, bequest, or various life income arrangements (trusts, pooled income funds, or gift annuities). Support can be designated for specific purposes or can be unrestricted, which gives NewYork-Presbyterian Hospital the greatest flexibility in planning and administering programs in patient care, education and research. Gifts to NewYork-Presbyterian Hospital may be directed to either NewYork-Presbyterian Hospital/Columbia or NewYork-Presbyterian Hospital/Weill Cornell, or both. There are many options for naming opportunities and public recognition of gifts at the Hospital.

NewYork-Presbyterian Hospital is a qualified not-for-profit institution which receives major support from private philanthropy. Gifts to the Hospital by individuals, foundations and corporations are exempt from income, gift, and estate taxes to the extent of and in the manner provided by federal and state laws. If you are considering making a bequest, you may wish to share the following language with your advisors:

"I give, devise and bequeath to NewYork-Presbyterian Hospital, a corporation created under the New York State Not-for-Profit Corporation Law and located in New York City, New York, the sum of $_____ (or description of the property) to be used for the general corporate purposes of NewYork-Presbyterian Hospital as its Board of Trustees shall determine."

The Office of Development welcomes the opportunity to tell you more about the Hospital's numerous programs and activities, and to consult with you and your advisors about various gift ideas. For further information, please contact:

Marc Krause
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NEWYORK-PRESBYTERIAN/COLUMBIA

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